



# MEDI-CAL UPDATE

EDS • PO Box 13029 • Sacramento, CA • 95813-4029

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## Billing and Policy Pharmacy Bulletin 569

October 2003



The energy challenge facing California is real. The Department of Health Services encourages practical and feasible energy saving measures while considering the health and safety of clients, workers and family members.

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### Medi-Cal List of Contract Drugs: Update

The following provider manual sections have been updated: *Drugs: Contract Drugs List Part 1 – Prescription Drugs* and *Contract Drugs List Part 4 – Therapeutic Classifications*.

Additions, effective September 1, 2003

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
PEGINTERFERON ALFA-2A		
* Injection	180 mcg/cc	cc
* Restricted to use in the treatment of Hepatitis C. Also restricted to a maximum of four vials per dispensing and therapy lasting up to 48 weeks from the dispensing date of the first prescription.		
* Injection kit	180 mcg/cc	ea kit
* Restricted to use in the treatment of Hepatitis C. Also restricted to a maximum of one convenience pack per dispensing and therapy lasting up to 48 weeks from the dispensing date of the first prescription.		

*Please see Contract Drugs, page 3*

## EDS/MEDI-CAL HOTLINES

Border Providers .....	(916) 636-1000, ext. 2100
Computer Media Claims (CMC).....	(916) 636-1100
DHS Medi-Cal Fraud Hotline.....	1-800-822-6222
Health Access Programs (HAP) – OB, CPSP, Family PACT, BCEDP Providers.....	1-800-257-6900
POS/Internet Help Desk .....	1-800-427-1295
Provider Support Center (PSC).....	1-800-541-5555
Provider Telecommunications Network (PTN).....	1-800-786-4346
Specialty Programs .....	1-800-541-7747

For a complete listing of specialty programs and hours of operation, please refer to the Medi-Cal Directory in the provider manual.

### **MEDI-CAL FRAUD IS AGAINST THE LAW**

**MEDI-CAL FRAUD COSTS TAXPAYERS MILLIONS  
EACH YEAR AND CAN ENDANGER  
THE HEALTH OF CALIFORNIANS.**

**HELP PROTECT MEDI-CAL AND YOURSELF  
BY REPORTING YOUR OBSERVATIONS TODAY.**

**DHS MEDI-CAL FRAUD HOTLINE  
1-800-822-6222**

**THE CALL IS FREE AND YOU CAN REMAIN ANONYMOUS.**

Knowingly participating in fraudulent activities can result in prosecution and jail time. Help prevent Medi-Cal fraud.

**Contract Drugs** (*continued*)**Changes, effective September 1, 2003**

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
* RIBAVIRIN + Capsules	200 mg	ea
(NDC Labeler Code 00085 [Schering Corporation] only.)		
<b>+ Tablets</b>	<b>200 mg</b>	<b>ea</b>
* Restricted to use as a combination therapy in the treatment of Hepatitis C. Also restricted to therapy lasting up to 48 weeks from the dispensing date of the first prescription.		

**Changes, effective October 20, 2003**

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
* AMOXICILLIN/CLAVULANATE POTASSIUM		
* Solution or suspension	125 mg/5cc	<del>75</del> <del>cc</del>
		<del>100</del> <del>cc</del>
		<del>150</del> <del>cc</del>
	200 mg/5cc	<del>50</del> <del>cc</del>
		<del>75</del> <del>cc</del>
		<del>100</del> <del>cc</del>
	250 mg/5cc	<del>75</del> <del>cc</del>
		<del>100</del> <del>cc</del>
		<del>150</del> <del>cc</del>
	400 mg/5cc	<del>50</del> <del>cc</del>
		<del>75</del> <del>cc</del>
		<del>100</del> <del>cc</del>
	600 mg/5cc	<del>50</del> <del>cc</del>
		<del>75</del> <del>cc</del>
		<del>100</del> <del>cc</del>
		<del>150</del> <del>cc</del>
* Restricted to a maximum of two (2) dispensings in any 30-day period.		

**Changes, effective November 1, 2003**

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
CALCIUM ACETATE + Tablets or capsules	667 mg	ea
(NDC Labeler Code 59730 [Nabi] only.)		
* CEFDINIR Liquid	125 mg/5 cc	60 cc
		100 cc
* <del>Restricted to use for individuals less than 8 years old.</del> <b>Prior authorization always required.</b>		

+ Frequency of billing requirement.

*Please see Contract Drugs, page 4*

**Contract Drugs** (*continued*)

Changes, effective November 1, 2003

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
‡ DESOGESTREL AND ETHINYL ESTRADIOL		
Tablets from 7/7/7 combination packet (28 tablets/packet)	7 x 0.100 mg/0.025 mg 7 x 0.125 mg/0.025 mg 7 x 0.150 mg/0.025 mg 7 x inert	ea
<b>(NDC labeler code 00052 [Organon, Inc.] only.)</b>		
Payment limited to a minimum dispensing quantity of three cycles. See <i>California Code of Regulations</i> (CCR), Title 22, Section 51513(b)(4) regarding exceptions.		
‡ ETHYNODIOL DIACETATE AND ETHINYL ESTRADIOL		
Tablets	1 mg – 35 mcg	ea
		ea
	1 mg – 50 mcg	ea
		ea
Payment limited to a minimum dispensing quantity of three cycles. See <i>California Code of Regulations</i> (CCR), Title 22, Section 51513(b)(4) regarding exceptions.		
<b>(NDC labeler code 00025 [Pharmacia and Upjohn] only.)</b>		
NEFAZODONE HCL		
Tablets	50 mg	ea
	100 mg	ea
	150 mg	ea
	200 mg	ea
	250 mg	ea
<b>(Labeler Code 00087 [Bristol-Myers Squibb Company] only.)</b>		
NORETHINDRONE ACETATE AND ETHINYL ESTRADIOL		
Tablets	1 mg/5 mcg	ea
‡	1 mg – 20 mcg	ea
		ea
‡	1.5 mg – 30 mcg	ea
		ea
‡ Tablets from 5/7/9 combination packet (28 Tablets/packet)	5 x 1 mg/20mcg 7 x 1 mg/30mcg 9 x 1 mg/35mcg 7 inert	ea
<b>(Labeler Code 00071 [Warner Lambert Company – Parke Davis] only.)</b>		

‡ Drug is exempt from the monthly drug claim line limit.

*Please see Contract Drugs, page 5*

**Contract Drugs** (*continued*)**Changes, effective November 1, 2003**

<u><b>Drug</b></u>	<u><b>Size and/or Strength</b></u>	<u><b>Billing Unit</b></u>
‡ NORETHINDRONE AND ETHINYL ESTRADIOL		
Tablets	0.4 mg – 35 mcg	Tablets from 21 tablet packet Tablets from 28 tablet packet
		ea ea
<b>(Labeler Code 00430 [Warner Chilcott Laboratories] only.)</b>		
	1mg – 50 mcg	Tablets from 21 tablet packet Tablets from 28 tablet packet
		ea ea
<b>(Labeler Code 00430 [Warner Chilcott Laboratories] only.)</b>		
Payment limited to a minimum dispensing quantity of three cycles. See <i>California Code of Regulations</i> (CCR), Title 22, Section 51513(b)(4) regarding exceptions.		
* OXANDROLONE		
Tablets	10 mg	ea
* Prior authorization always required.		
* PAPAIN-UREA-CHLOROPHYLLIN COPPER COMPLEX SODIUM		
Ointment	30 Gm 454 Gm	Gm Gm
* Prior authorization always required.		

**Changes, effective December 1, 2003**

<u><b>Drug</b></u>	<u><b>Size and/or Strength</b></u>	<u><b>Billing Unit</b></u>
* AMPHETAMINE, MIXED SALTS (AMPHETAMINE SULFATE, AMPHETAMINE ASPARTATE, DEXTROAMPHETAMINE SULFATE AND DEXTROAMPHETAMINE SACCHARATE)		
Tablets	5 mg 7.5 mg 10 mg 12.5 mg 15 mg 20 mg 30 mg	ea ea ea ea ea ea ea
<b>(Labeler Code 54092 and 58521 [Shire US, Inc.] only.)</b>		

‡ Drug is exempt from the monthly drug claim line limit.

*Please see Contract Drugs, page 6*

## Contract Drugs (continued)

Changes, effective December 1, 2003

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
‡ LEVONORGESTREL AND ETHINYL ESTRADIOL		
0.15 mg – 30 mcg	Tablets from 21 tablet packet	ea
	Tablets from 28 tablet packet	ea
<b>(NDC labeler code 50419 [Berlex Laboratories, Inc.] only.)</b>		
Tablets from 6/5/10 combination packet (21 tablets/packet)		ea
6 x 0.05	mg/30 mcg	
5 x 0.075	mg/40 mcg	
10 x 0.125	mg/30 mcg	
<b>(NDC labeler codes 00008 [Wyeth Laboratories] and 50419 [Berlex Laboratories, Inc.] only.)</b>		
Payment limited to a minimum dispensing quantity of three cycles. See <i>California Code of Regulations</i> (CCR), Title 22, Section 51513(b)(4) regarding exceptions.		
‡ NORETHINDRONE		
Tablets	0.35 mg	
	Tablets from 28 tablet packet	ea
	Tablets from 42 tablet packet	ea
Payment limited to a minimum dispensing quantity of three cycles. See <i>California Code of Regulations</i> (CCR), Title 22, Section 51513(b)(4) regarding exceptions.		
<b>(Labeler Code 00062 [Ortho Pharmaceutical Corporation] only.)</b>		
‡ NORETHINDRONE AND ETHINYL ESTRADIOL		
0.5mg – 35 mcg	Tablets from 21 tablet packet	ea
	Tablets from 28 tablet packet	ea
<b>(Labeler Code 00062 [Ortho Pharmaceutical Corporation] only.)</b>		
	1mg – 35 mcg	
	Tablets from 21 tablet packet	ea
	Tablets from 28 tablet packet	ea
<b>(Labeler Code 00062 [Ortho Pharmaceutical Corporation] only.)</b>		
Tablets from 7/7/7 combination packet (21 Tablets/packet)		
7 x 0.5 mg/35mcg		
7 x 0.75 mg/35mcg		
7 x 1.0 mg/35mcg		ea
<b>(Labeler Code 00062 [Ortho Pharmaceutical Corporation] only.)</b>		
Tablets from 7/7/7 combination packet (28 Tablets/packet)		
7 x 0.5 mg/35mcg		
7 x 0.75 mg/35mcg		
7 x 1.0 mg/35mcg		
7 inert		ea
<b>(Labeler Code 00062 [Ortho Pharmaceutical Corporation] only.)</b>		

‡ Drug is exempt from the monthly drug claim line limit.

Please see Contract Drugs, page 7

Contract Drugs (*continued*)

Changes, effective December 1, 2003

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
‡ NORETHINDRONE AND ETHINYL ESTRADIOL		
	0.5mg – 35 mcg	Tablets from 21 tablet packet
		Tablets from 28 tablet packet
		ea
		ea
<b>(Labeler Code 00062 [Ortho Pharmaceutical Corporation] only.)</b>		
	1mg – 35 mcg	Tablets from 21 tablet packet
		Tablets from 28 tablet packet
		ea
		ea
<b>(Labeler Code 00062 [Ortho Pharmaceutical Corporation] only.)</b>		
Tablets from 7/7/7 combination packet		
(21 Tablets/packet)	7 x 0.5 mg/35mcg	
	7 x 0.75 mg/35mcg	
	7 x 1.0 mg/35mcg	ea
<b>(Labeler Code 00062 [Ortho Pharmaceutical Corporation] only.)</b>		
Tablets from 7/7/7 combination packet		
(28 Tablets/packet)	7 x 0.5 mg/35mcg	
	7 x 0.75 mg/35mcg	
	7 x 1.0 mg/35mcg	
	7 inert	ea
<b>(Labeler Code 00062 [Ortho Pharmaceutical Corporation] only.)</b>		
Tablets from 10/11 combination packet		
(21 Tablets/packet)	10 x 0.5 mg/35mcg	
	11 x 1 mg/35mcg	ea
<b>(Labeler Code 00062 [Ortho Pharmaceutical Corporation] only.)</b>		
Tablets from 10/11 combination packet		
(28 Tablets/packet)	10 x 0.5 mg/35mcg	
	11 x 1 mg/35mcg	
	7 inert	ea
<b>(Labeler Code 00062 [Ortho Pharmaceutical Corporation] only.)</b>		
PAPAIN AND UREA		
Ointment		Gm
<b>(NDC Labeler Code 00064 [Healthpoint, LTD] only.)</b>		

‡ Drug is exempt from the monthly drug claim line limit.

Refer to manual replacement pages drugs cdl p1a 7, 8, 20, 23 and 38 (Part 2), drugs cdl p1b 9 and 39 (Part 2) and drugs cdl p1c 2, 6 thru 8, 12, 14, 15 and 33 (Part 2).

### Albuterol: Name, Adaptor Necessity Correction

Effective immediately, the Federal Allowable Cost (FAC) for albuterol metered dose inhalers applies to packages with or without an adaptor. The metered-dose inhaler was previously referred to as “albuterol sulfate metered-dose inhaler.” *The updated information is reflected on manual replacement page [drugs maic fac 2](#) (Part 2).*

### Authorized Drug Manufacturer Labeler Codes: Update

The *Drugs: Contract Drugs List Part 5 – Authorized Drug Manufacturer Labeler Codes* section has been updated as follows.

#### Terminations, effective January 1, 2004

<b>NDC</b>	
<b><u>Labeler Code</u></b>	<b><u>Contracting Company's Name</u></b>
59879	PECOS PHARMACEUTICAL

*This update is reflected on manual replacement page [drugs cdl p5 11](#) (Part 2).*

### Urinary Drainage Collection Units: Reimbursement Update

Effective for dates of service on or after December 1, 2003, providers must use Billing Code 9999A (which requires a *Treatment Authorization Request* [TAR]) and modifier “2R” when submitting claims for the urinary drainage bags and collection units manufactured by Reach Global Industries, Inc.

The products manufactured by Reach Global Industries, Inc. do not meet the description of a conventional urinary leg bag or urinary drainage collection unit because they contain products used for absorption or solidification of urine that are not billable under code 9912R and 9912S.

Also, all claims filed for Reach Global Industries, Inc. (also known as Reachgood Industrial Company) products using codes 9912R and 9912S and modifier “ZZ” for dates of service between December 1, 2002 and November 30, 2003 will be denied. This action is being taken due to a previous licensing and safety issue reported to Medi-Cal that has since been corrected. *The updated information is reflected on manual replacement page [mc sup lst4 11](#) (Part 2).*



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## Instructions for Manual Replacement Pages

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#### *Part 2*

Remove and replace:

drugs cdl p1a 7/8, 19/20, 23/24 and 37/38  
drugs cdl p1b 9/10, 35/36 \*, 39/40 and 43/44 \*  
drugs cdl p1c 1/2, 5 thru 16, and 33/34  
drugs cdl p4 5 thru 8 \*  
drugs cdl p5 11/12  
drugs maic fac 1/2  
mc sup lst4 11/12

\* Pages updated due to ongoing manual updates